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CONFIRMATION NO. 3734

Bib Data Sheet

SERIAL NUMBER 09/971,031	FILING DATE 10/05/2001	CLASS 604	GROUP ART UNIT 3762 <i>3761</i>	ATTORNEY DOCKET NO.
RULE				

APPLICANTS

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*None*** FOREIGN APPLICATIONS ****
*19 Dec 05*GERMANY 100 49 393.9 10/05/2000
JL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/01/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 1	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	GERMANY			
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	Initials			

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TITLE

Extracorporeal blood treatment system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue)
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